

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000006942  
 1. Entity Name  
 RIDGE STREET COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 3200 TAMiami TRAIL N      3200 TAMiami TRAIL N  
 SUITE 200      SUITE 200  
 NAPLES, FL 34103      NAPLES, FL 34103



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-1054830      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOODWARD, MARK J  
 3200 TAMiami TRAIL N  
 SUITE 200  
 NAPLES, FL 34103

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOODWARD, MARK J
STREET ADDRESS	3200 TAMiami TRAIL N SUITE 200
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	THALHEIMER, SANFORD J
STREET ADDRESS	255 13 AVE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	HUMPHREY, DAVID
STREET ADDRESS	3200 TAMiami TRAIL NORTH STE 300
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000412677  
 02/10/06-80056-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ 1/25/06 (239) 689-6555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #